

Instructions:

Application For Employment

The Minnesota Supreme Court *an Equal Opportunity Employer*

Step 1: Complete the Application

There are 3 ways to fill out this application:

Adobe Acrobat Reader

Acrobat Reader is a free program used to view PDF files. If you are reading this on your computer screen, you are most likely using Acrobat Reader.

You may fill out this application using Acrobat Reader by simply clicking in the appropriate fields and entering text. **Note that you cannot save the completed application if you are using Acrobat Reader**, so you must fill out the application and print it in one session. We recommend that you print out multiple copies of the completed application for your own records.

Adobe Acrobat (Full Version) or Acrobat Approval

Adobe Acrobat is the full commercial PDF product. With Acrobat, you can complete this application by simply clicking on the appropriate fields and entering text. Note that you **can save** your completed application if you are using the full commercial version of Adobe Acrobat. Another less expensive option is to use Acrobat Approval, which also allows for the saving of completed forms.

Typed or Written

If you prefer, you may print this application and complete it using your typewriter or a pen. If using a pen, please be sure to use black ink and print clearly.

Step 2: Submit Your Application

Please submit your application to the address shown on the job posting.



Application For Employment

The Minnesota Supreme Court *an Equal Opportunity Employer*

Job Title / Personal Info

Job Title You Are Applying For:

Last Name:

First Name:

Middle Name:

Home Phone:

Preferred phone from 8am - 4:30 pm:

Email:

Street Address:

City:

State:

Zip:

The Supreme Court of Minnesota is an Equal Opportunity Employer. Applicants for employment are considered without regard to race, color, religion, gender, national origin, age, marital status, veteran status, sexual orientation or other legally protected status.

Do you meet the legal requirements for employment in the U.S.?

☐ Yes
☐ No

Do you have special needs which may necessitate reasonable accommodation in the testing and interviewing process or the ability to perform essential functions of the job for which you are applying?

☐ Yes
☐ No

Education

	Name and Location of School	Course of Study	Years Completed/Credits	Diploma/Degree/Certificate Received
High School/GED				
College, University or Professional School & Location (List all undergraduate and graduate work)				
Business, correspondence, trade, technical or vocational school & location				

Internships (if any):

Specify other training you received (special courses, work training programs, etc.) Also estimate the number of hours of training you received. Attach additional sheets if necessary.

Current professional licenses, registrations or certificates related to this job. Give Type and License/Registration Numbers:

References

Please list at least three references who have knowledge of your work experience (do not include relatives).

Name	Company	Address	Telephone

Legal

Read carefully Before Answering the Following Question: Have you ever been convicted or been given a suspended sentence, placed on probation, or been imprisoned because of ANY violation of the law? If so, fill in below. Do not list minor violations or juvenile offenses. If more space is needed, use a separate sheet of

paper. Convictions are not an automatic bar to employment. Each case is considered on its own merits and the type of work applied for. However, false statements or withholding information may result in your being barred from appointment or removal from appointment.

Charge	Place	Date	Penalty

Record Of Employment

- Give your present or most recent employment first
- Do not mark application "See Resume." Although you may attach a resume in addition to completing this form. Do not mark application "See Previous Application."
- Indicate name under which employed if other than present name.

- Attach additional sheets if necessary.
- Be Complete. Applicants are eligible only if it can be determined from their application that they meet the minimum qualification for the position. If the examination includes a rating of training and experience, your test score depends on the information you provide.

Length of Employment From: <input type="text"/> MO / <input type="text"/> YR To: <input type="text"/> MO / <input type="text"/> YR Total Years/Months: <input type="text"/> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: <input type="text"/> Starting Salary: \$ <input type="text"/> Last Salary: \$ <input type="text"/>	Name and Address of Employing Firm: <input type="text"/> Supervisor's Name: <input type="text"/> Phone Number: <input type="text"/> Reason for Leaving: <input type="text"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Title: <input type="text"/> Specific Areas of Responsibility: <input type="text"/>
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Signature

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date:

Signature (DO NOT PRINT/TYPE)

The state has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

- ☐ Yes
- ☐ Yes, *but not present employer until job is offered*
- ☐ No (*We may be unable to hire you without this information*)

Guardian Ad Litem program

This application is an addendum to the Supreme Court of Minnesota Application for Employment.

Job Title / Personal Info

Job Title You Are Applying For:

Last Name:

First Name:

Middle Name:

Hours willing to work:

- ☐ Full-time Regular (40 hours/week)
- ☐ Part-time Regular (recurring number of hours/week, less than full time)
- ☐ Intermittent (irregular & varied hours, working only as needed)

Are there any days of the week or times during the day when you will be **unavailable** to serve as a *Guardian ad Litem*? ☐ Yes ☐ No

If yes, please list:

Please list which county/counties you are willing to work in:

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Special Skills / Experience

List any special skills, interests, committee work, community work, volunteer work, or other experience that may assist you in carrying out the responsibilities of a Guardian ad Litem:

Special Skills / Experience	Years

Have you ever served as an Advocate for any person or group? ☐ Yes ☐ No

If yes, please explain:

Guardian Ad Litem Experience

Have you ever served as a *Guardian ad Litem* or *CASA* (Court Appointed Special Advocate for Children)? ☐ Yes ☐ No

If yes, please complete the following questions:

When? For how long?

What kind of cases did you work with?

What was your caseload average?

Please list the state(s) and county(s) in which you have served:

State	County

Guardian Ad Litem Experience (Continued...)

Have you ever been **involuntarily discharged or terminated** from a *Guardian ad Litem* or CASA Program?

☐ Yes ☐ No

If yes, what state and county:

Reason for discharge or termination:

Have you ever been **involuntarily removed** from a *Guardian ad Litem* or CASA Program?

☐ Yes ☐ No

If yes, what state and county:

Reason for being removed:

Have you ever been **denied the opportunity to enlist** in a *Guardian ad Litem* or CASA Program?

☐ Yes ☐ No

If yes, what state and county:

Reason for discharge or termination:

Have you ever been licensed as a foster care provider?

☐ Yes
☐ No

If yes, what state and country:

Have you ever been cited or lost your license as a foster care provider?

☐ Yes
☐ No

If yes, what state and country:

Reason for citation or loss of license:

Background Check

Do you consent to a thorough background check through the Bureau of Criminal Apprehension, the Federal Bureau of Investigation and county records on findings of maltreatment toward minors?

☐ Yes
☐ No

Complete attached "Pre-Employment Disclosure and Release Form" – Acceptance to the pre-certification training program as well as any offer of employment is contingent upon successful completion of this background check.

Have you ever been convicted of a background check crime (child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual content, and prostitution - related crimes)?

☐ Yes
☐ No

If yes, please identify both the crime with which your were charged and convicted and the date, county and state:

Have you ever received against you any findings of maltreatment toward children or vulnerable adults?

☐ Yes
☐ No

If yes, please identify both the crime with which your were charged and convicted and the date, county and state:

Is there anything about your background that would not allow you to perform the functions of a *Guardian ad Litem* fairly and equitably?

☐ Yes
☐ No

If yes, please explain:

Is there anything about your background that would cause others to think you could not perform the functions of a *Guardian ad Litem* fairly and equitably?

☐ Yes
☐ No

If yes, please explain:

Background Check

Do you have a valid Minnesota driver's license? ☐ Yes ☐ No

Has your driver's license been suspended or revoked within the last 5 years? ☐ Yes ☐ No

If yes, please list the date, state, and county in which it was suspended or revoked:

References

Please list three references who have knowledge of your work experience. (Do **not** include relatives.)

Name	Address	Telephone

Essay Question

Explain **why** you would like to become a *Guardian ad Litem*:

Signature

How did you learn of the *Guardian ad Litem* Program?

☐ Friend ☐ Brochure ☐ TV ☐ Newspaper ☐ Radio ☐ Agency ☐ Other:

I submit that the statements made and the data provided in this Application are true and complete to the best of my knowledge. I understand that intentional falsification or omission of information on this Application may disqualify me from being considered for service as a *Guardian ad Litem* or may result in my future dismissal from the *Guardian ad Litem* Program.

Date:

Signature (DO NOT PRINT/TYPE)

